

DSW

Attorney Docket No

IBM-6752

PATENT



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s) Hans Zwimpfer Confirmation No.: 2963  
Application No.: 10/786,836 Examiner: Jessica L. Laux  
Filing Date: February 25, 2004 Group Art Unit: 3635  
Title: DWELLING HOUSE WITH GRADUATED FLATS

Mail Stop AMENDMENT  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

TRANSMITTAL LETTER FOR RESPONSE/AMENDMENT

Transmitted herewith is/are the following in the above-identified application.

- ☒ Response/Amendment  
☒ Check in the amount of \$120.00 for 1 Month Extension of Time.

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**CERTIFICATION UNDER 37 CFR §§ 1.8(a) and 1.10\***  
Express Mail certification is optional.)

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: **Commissioner for Patents, P.O. Box, Alexandria, VA 22313-1450**

Date of Deposit January 26, 2007

Typed Name: Lisa D. Jones

Signature Lisa D. Jones

**FACSIMILE TRANSMISSION**

I hereby certify that this correspondence is being transmitted  
via facsimile to the Patent and Trademark Office at (571) 273-8300

\*Only the date of filing (§ 1.6) will be the date used in a patent term adjustment calculation, although the date on any certificate of mailing or transmission under § 1.8 continues to be taken into account in determining timeliness. See § 1.703(f). Consider "Express Mail Post Office Addressee" (§ 1.10) or facsimile transmission (§ 1.6(d)) for the reply to be accorded the earliest possible filing date for patent term adjustment calculations.

01/30/2007 MGE BREM1 00000024 10786836

01 FC:1251

120.00 OP

CLAIMS AS AMENDED									
FOR	(1) CLAIMS REMAINING AFTER AMENDMENT		(2) **HIGHEST NUMBER PREVIOUSLY PAID FOR	(3) PRESENT EXTRA	(4) SMALL ENTITY		(5) LARGE ENTITY		(6) ADDITIONAL FEES
					RATE	FEE	RATE	FEE	
TOTAL CLAIMS	9	MINUS	20	0	X \$ 25.00		X \$ 50.00	0.00	
INDEP. CLAIMS	01	MINUS	03	0	X \$100.00		X \$200.00	0.00	
[ ] First Presentation of a Multiple Dependent Claim					\$180.00		\$360.00		
SUBTOTAL OF ADDITIONAL FEES								0.00	0.00
<p>* If the entry in Column 1 is less than entry in Column 2, write "0" in Column 3.  ** If the "Highest No. Previously Paid For" in this space is less than 20, enter "20".  *** If the "Highest No. Previously Paid For" in this space is less than 3, enter "3".  The "Highest No. Previously Paid For" (Total / Independent) is the highest number found in Col. 1 of a prior amendment / the number of claims originally filed.  <b>WARNING</b> After final rejection or action (§1.113) amendments may be made canceling claims or complying with any requirement of form which has been made." 37 C.F.R. § 1.116(a)(emphasis added).</p>									
<p>Applicant petitions for an extension of time under 37 C.F.R. §1.136  (FEES: 37 C.F.R. §1.17 (1) – (4) for the total number of months checked below:</p>									
EXTENSION	1ST MONTH		2ND MONTH		3RD MONTH		4TH MONTH		\$120.00
Large Entity	<input checked="" type="checkbox"/>	\$120.00	<input type="checkbox"/>	\$450.00	<input type="checkbox"/>	\$1,020.00	<input type="checkbox"/>	\$1,590.00	
Small Entity	<input type="checkbox"/>	60.00	<input type="checkbox"/>	225.00	<input type="checkbox"/>	510.00	<input type="checkbox"/>	795.00	
<p>[ ] An extension for _____ month(s) has already been secured and the fee paid therefore of \$_____ is deducted from the total fee due for the total month(s) of extension now requested.</p> <p>[ ] Applicant believes that no extension of term is required. However, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition for extension of time.</p>									
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									\$120.00

#### FEE PAYMENT

- ☒ Attached is a ☒ check ☐ money order in the amount of **\$120.00**
- ☒ Authorization is hereby made to charge the amount of **\$ 0.00**
- ☒ to Deposit Account No. 20-0090.
- ☐ to Credit card as shown on the attached credit card information authorization form PTO-2038.

**WARNING:** Credit card information should **not** be included on this form as it may become public.

- ☒ Charge any additional fees required by this paper or credit any overpayment in the manner authorized above.

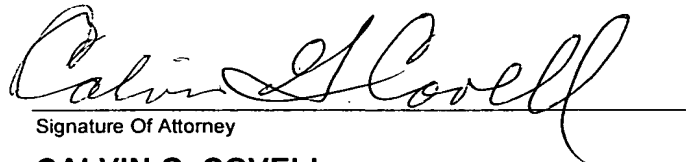
A duplicate of this paper is attached.

#### FEE DEFICIENCY

- ☒ If any additional extension and/or fee is required, charge Deposit Account No. 20-0090.

#### AND/OR

- ☒ If any additional fee for claims is required, charge Deposit Account No. 20-0090.



Signature Of Attorney

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